

# Washington State Attorney General's Office

## Application for Attorneys and Law Clerks

### GENERAL INFORMATION

Name: \_\_\_\_\_ Telephone (home) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone (work) \_\_\_\_\_

\_\_\_\_\_ Telephone (cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_ Where did you learn of the office/position?  
☐ Website ☐ Law School Other: \_\_\_\_\_

Have you **applied** to this office before in any capacity? ☐ No ☐ Yes If so, when? \_\_\_\_\_

Have you **worked** for this office before in any capacity? ☐ No ☐ Yes If so, when? \_\_\_\_\_

#### For LAW CLERK/EXTERN positions ONLY:

Will you be eligible for WSBA Rule 9 certification by the anticipated start of the position? ☐ No ☐ Yes

If applying to serve as an extern (i.e., pursuing academic credit) indicate for what quarter/semester you are applying, and the specific duration of that quarter/semester: \_\_\_\_\_ (Please supplement your application with information relative to your school's externship requirements.)

### APPLICANT'S PREFERENCES

*It is important to self-assess what kind of work you want to do and the geographic regions you would be willing to be assigned. For detailed description of the divisions within the AGO, please refer to the Annual Report. (Note: tied rankings are acceptable.)*

In which **offices** would you accept an assignment? *Number your preferences in order with '1' indicating first choice(s).*

___ Olympia (O)	___ Bellingham (B)	___ Port Angeles (Po)	___ Pullman (Pu)
___ Seattle (Se)	___ Everett (E)	___ Spokane (Sp)	___ Wenatchee (W)
___ Tacoma (T)	___ Vancouver (V)	___ Kennewick (K)	___ Yakima (Y)

In which **divisions** would you accept an assignment? *Number your preferences in order with '1' indicating first choice(s).*

___ Agriculture & Health (O)	___ Education (O,Se,Sp)	___ Regional Services** (B,E,V,Po,K,W,Y)
___ Antitrust* (Se)	___ Fish, Wildlife & Parks (O)	___ Revenue (O)
___ Bankruptcy & Collections (Revenue Division)* (Se)	___ Government Operations (O)	___ Social & Health Svcs. (all <u>except</u> Pu)
___ Complex Litigation (Torts Div.)* (Se)	___ Gov't. Compliance & Enforce. (O)	___ Solicitor General* (O)
___ Consumer Protection* (Se,Sp,T)	___ Labor and Industries (all <u>except</u> Pu)	___ Torts (O,Se,Sp,T)
___ Corrections (O,Sp)	___ Labor and Personnel (O,Sp)	___ Trans. & Public Construction (O,Sp)
___ Criminal Justice* (Se,Sp,O-med fraud)	___ Licensing & Admin. Law (O,Se,Sp)	___ University of Washington* (Se)
___ Ecology (O)	___ Natural Resources (O)	___ Utilities & Transportation (O)
	___ Public Counsel* (Se)	___ Washington State University (Pu)

*\*Denotes divisions that do not employ, or rarely employ, entry-level attorneys. This caveat is not relevant if applying to serve as a law clerk.*

*\*\* RSDs handle work for a variety of areas, though primarily SHS, L&I, Education and Licensing & Administrative Law.*

In what **type of practice** are you interested? ☐ Primarily Litigation ☐ Litigation and Client Advice

### ACADEMIC BACKGROUND

Law School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date JD received or expected: \_\_\_\_\_ Class Rank: \_\_\_\_\_ Cum GPA: \_\_\_\_\_

Law School Activities: (providing information about law school activities is optional for attorneys with 5 years or more of experience) \_\_\_\_\_

\_\_\_\_\_

College: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Degree: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_

## PROFESSIONAL ASSOCIATIONS

Are you currently a member of the WSBA? ☐ No ☐ Yes WSBA#: \_\_\_\_\_ Mo/Yr Admitted: \_\_\_\_\_

Are you seeking admission to the WSBA via reciprocity (i.e., Rule 18)? If so, please note the date you began the application process \_\_\_\_\_, and the date you anticipate being admitted to the WSBA \_\_\_\_\_

Other Bar Associations: \_\_\_\_\_

## EMPLOYMENT HISTORY

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \$ \_\_\_\_\_/mo. From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

## REFERENCES

*Please be advised that the AGO thoroughly checks references. References must include at least one source at your current employer, if currently employed. However, references are generally checked only at such time a candidate is referred for a final interview.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## PUBLIC SERVICE

Activities or community involvement, past or present, that demonstrate a commitment to public service:

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## VETERANS PREFERENCE

*Eligibility for veteran's preference is defined in RCW 73.16.010 as honorably discharged soldiers, sailors, and marines who are veterans of any war of the United States, or of any military campaign for which a campaign ribbon shall have been awarded, and their widows or widowers, shall be preferred for appointment and employment. Age, loss of limb, or other physical impairment, which does not in fact incapacitate, shall not be deemed to disqualify them, provided they possess the capacity necessary to discharge the duties of the position involved: PROVIDED, that spouses of honorably discharged veterans who have a service connected permanent and total disability shall also be preferred for appointment and employment.*

Are you a military veteran eligible for veteran's preference? ☐ No ☐ Yes

Are you a widow/widower of a military veteran eligible for veteran's preference? ☐ No ☐ Yes

Are you a spouse of an eligible military veteran with a service connected permanent and total disability? ☐ No ☐ Yes

*Applicants claiming veteran's preference eligibility may be required to provide documents to verify eligibility such as a DD 214 or NBR 22.*

## CRIMINAL AND DISCIPLINARY HISTORY / OTHER

Have you pled guilty or been found guilty of a criminal offense or any DUI/alcohol- or drug-related matter within the last ten (10) years and/or have any charges/matters currently pending? ☐ No ☐ Yes

Have you ever been subject to discipline or censure by a Bar Assn. or other licensing organization? ☐ No ☐ Yes

Is there any Bar disciplinary proceeding pending against you? ☐ No ☐ Yes

Have you ever been fired or asked to resign from any position? ☐ No ☐ Yes

**If you answered "yes" to any question above, you MUST provide a full explanation, as an addendum to this application, for each.**

Do you have a valid driver's license? ☐ No ☐ Yes

## SCREENING FOR CONFLICTS

***The Attorney General's Office is committed to compliance with the Rules of Professional Conduct for its legal staff. For purposes of the following questions, "participate" means to participate personally and substantially. If you have any questions about whether the participation meets this standard, please include the information on the questionnaire and note that the participation may not meet this standard.***

Are you now or have you previously been engaged in the practice of law, or employed by an attorney, firm, or government law office engaged in the practice of law? ☐ No ☐ Yes

If "**yes**", have you participated in the representation of any party in a matter where the party's interest was materially adverse to that of the State of Washington, its agencies, or its officers or employees? ☐ No ☐ Yes

Are you now or have you previously participated as a judge, arbitrator, mediator, adjudicative officer, or as a law clerk to such a person, in a matter in which the State or any of its agencies, officers, or employees were a party?

☐ No ☐ Yes

Is there any other matter, person or entity that might reasonably present a conflict of interest or limit your ability to perform work for the Attorney General's Office or represent a state agency or individual? (You are not required to disclose any pending or contemplated complaint or dispute for which the law allows you to remain anonymous [e.g., whistleblower]; however, you are responsible for not accepting assignments that would violate conflict of interest or confidentiality provisions of the Rules of Professional Conduct or other laws with regard to such matters.)

☐ No ☐ Yes

Please identify all relevant matters, including the state agency, official, or employee involved. If known to you, please also include the name and division of the attorney representing the state agency, employee, or officer with respect to such matter(s).

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Other comments relative to conflicts:

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## AUTHORIZATION TO RELEASE INFORMATION

By signing this application (see "Applicant Certification") I authorize the Washington State Attorney General's Office (AGO) to contact any or all of my former or present employers, or organizations for which volunteer services have been provided, for the purposes of verification and reference. This may include information of a confidential nature, to include but is not limited to reviewing my personnel file, contacting any references, and/or contacting anyone else who might be familiar with my past job performance.

I knowingly and voluntarily release the state of Washington, the AGO, its individual employees, and all my former or present employers, and their individual employees, from any and all known and unknown claims for damages or other relief arising out of the AGO's request for and receipt of employment information, unless my current or former employer is prohibited by state or federal law from disclosing the information that the AGO requests.

A photocopy of this Authorization is as valid as the original and shall be provided to anyone from whom information is requested in determining my job qualifications.

This release will expire at the end of the recruitment period.

Please list other names by which your current or previous employers may know you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## APPLICANT CERTIFICATION

**By signature below, I attest that all information contained within this application is true and accurate. I understand that falsification of any of the information is grounds for refusal to hire or, if hired, termination.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

**Mail the completed application, along with other required material, to:**

**Washington State Attorney General's Office  
Attorney and Law Clerk Recruitment  
800 5<sup>th</sup> Avenue, Suite 2000  
Seattle, WA 98104**

**Alternatively, you may scan and e-mail the material to [linda.nakamura@atg.wa.gov](mailto:linda.nakamura@atg.wa.gov)**

*This Office is an equal opportunity employer and does not discriminate on the basis of age, sex, marital status, sexual orientation, race, creed, color, national origin, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability. Persons requiring reasonable accommodation in the application process or requiring this announcement in an alternative format may contact Linda Nakamura at 206-464-6446 or Washington Relay Service at 1-800-676-3777 or [www.washingtonrelay.com](http://www.washingtonrelay.com).*

## PERSONAL INFORMATION QUESTIONNAIRE

**To ensure equal employment opportunity, we ask your voluntary cooperation in responding to the questions below. This information is for statistical purposes only and will be kept separate from records used in the hiring process. Failure to complete or submit this form will NOT affect your application.**

What race, ethnicity, or culture do you consider yourself?

- ☐ American Indian/Alaskan Aleut
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White or Caucasian
- ☐ Two or more races

If you considered yourself "Two or more races" in the preceding question, please select all that apply:

- ☐ American Indian/Alaskan Aleut
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino/a
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White or Caucasian

Are you a United States veteran? ☐ No ☐ Yes

Are you a Vietnam Era Veteran? ☐ No ☐ Yes

Are you entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability?

- ☐ Yes, I have a service disability rated at 30 percent or more.
- ☐ Yes, I have a service disability rated at 10 or 20 percent as determined by the U.S. Department of Veterans Affairs which has resulted in a serious employment handicap and I can provide a letter from the USDVA confirming this status.
- ☐ Yes, I was discharged or released from active duty for a disability incurred or aggravated in the line of duty.
- ☐ No, I am not entitled to compensation as stated.

Are you a person with a disability? ☐ No ☐ Yes

Are you 40 years of age or older? ☐ No ☐ Yes

What is your gender? ☐ Male ☐ Female

### *Affirmative Action Definitions*

**American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America, and who maintains a tribal affiliation or community attachment.

**Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asian, the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black/African American** – A person having origins in any of the Black racial groups of Africa.

**Hispanic** – A person having origins in any of the original peoples of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish culture or origin, regardless of race. It does not include persons from Portuguese speaking cultures such as Portugal or Brazil.

**Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Persons with a Disability** – For affirmative action data reporting purposes, people with disabilities are persons with a permanent, physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as: mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**Special Disabled Veteran** – A person who is entitled to compensation under laws administered by the U.S. Department of Veterans Affairs for disability (a) rated at 30 percent or more, (b) rated 10 or 20 percent in the case of a veteran who has been determined by the U.S. Department of Veterans Affairs to have a serious employment handicap or (c) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty. Applicant must provide letter from the U.S. Department of Veterans Affairs confirming handicap status as it relates to item (b). **Vietnam-Era Veteran** – A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961\*, and May 7, 1975, and was discharged or released from active duty with other than a dishonorable discharge; or who was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975. \*Service between February 28, 1961 and August 14, 1964 must have been performed within the Republic of Vietnam.

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**White/Caucasian** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.